

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006096

FILED
Mar 17, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF FORENSIC PROFESSIONALS, INC.

Current Principal Place of Business:

14000 EAST PALOMINO DRIVE
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

14000 EAST PALOMINO DRIVE
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

FEI Number: 20-1284312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOK, RONALD L
2999 N.E. 191 STREET
PH6
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, CHERE S
Address: 9105 NW 25TH STREET
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: FLEISHER, KAREN
Address: 9105 NW 25TH STREET
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: BRAVO, MARIO C
Address: 9105 NW 25TH STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BACOT, CHRIS
Address: 2331 HILLIPS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HERRING, CAROL E
Address: 771 FENTRESS BOULEVARD SUITE 12
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: WALKER, DONALD
Address: 1301 PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN REYNOLDS

TRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date